Division of Corporations



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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE PARAMOUNT DEVELOPMENT GROUP, LLC

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MAR 0 7 2024 K. Brumbles 3/6/2024 13:30.46 PST To. 18506176383 Page 2/2 Fax: 8134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- - 03 3.	Principal office address of limited liability (Note: MUST BE STREET ADDR	company;	(b)	Mading address of limited liability company: (Note: MAY BE POST OFFICE BOX)
- - 03 3.	Principal office address of limited liability	company;		Mading address of limited liability company:
3.			· —	
10	3/22/17		L170	00063244
17	Date of filing/registration in Flo	rida	4.	Document number
5. (a) 🛴	OSEPH, PATRICIA			
R	egistered Agent and Registered Office shown on	the records of the	Florida Dept	, of State:
2.	324 CUMBERLAND CT.			
К	legistered Office Address (MUST BE FLORI	<u>IDA STREET AD</u>	DRESS)	
 Т	ALLAHASSEE	FL 32	2303	202
No	orthwest Registered Agent LLC			2024 HAR - 6
(b) <u> </u>	nter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered O	ffice address:	
7	901 4th St N			PH · · ·
<u>×</u>	EW Registered Office Address:			 2: 2
S 	STE 300			لما
S	St. Petersburg	FL	3702	
the chang agent will was/were	ited liability company is not organized to or changes are made, the Florida streat the identical. Or, in the case of a Flori	under the laws et address of th da limited liabi e members of t	ie registered ility compa the limited	e of Florida, it is hereby confirmed that after doffice and the business office of the registered ny, it is hereby confirmed that the change(s) hiability company or as otherwise provided in ity company.
	マグス アンマング スプタイ c of a member or authorized representative of a r		Nat Smith	
				Printed or typed name of signee
provisión the obliga to merely notifica ju	is of all statutes relative to the proper a ations of my position as registered agen reflect a change in the registered offici n writing of this change.	nd complete pe et as provided f e address, I hei	rformance för in Chap reby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been
1/m /1/	Taylor Newman Taylor Newman	- Assistant Secr	etary	